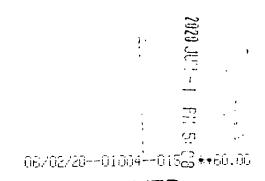
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COVER LETTER

	Registration Se Division of Cor		g p A				
SUBJEC	JJMD Rea		Section 19				
SUBJEC	Т:	Name of Lim	ited Liability Company	·			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	endence concerning this matter	to the following:				
		Julio A Rivera					
	Name of Person						
			Firm/Company				
		422 w oak ridge rd Apt	203				
			Address				
Orlando FL 32809							
			City/State and Zip Code	í			
		juliorivera3001@gmail.cc	orn to be used for future annual report notif	ication)			
For furth	er information c	oncerning this matter, please c	•	1			
Julio Riv	/era		407 3007443				
Name of Person				Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Address:				
	Registration 5 Division of C		Registration Sec Division of Cor				
	P.O. Box 632	•	The Centre of Tallahassee				

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH - 1 PH 5: 08 JJMD REALTY.LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/11/2020 __ and assigned Florida document number L20000126616 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

2020 JUH - 1 PH 5: 08

<u>Title</u>	Name	Address	Type of Action
AMBR	Julio A Rivera	422 W Oak Ridge RD	□Add
		Apt 203	□Remove
		Orlando FL 32809	= Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			<u>'</u> □Change
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			Remove ☐Change

The amending is to change Julio Rivera	- ade Holli MOF	- CONIUN	ייין אַנוּיייייייייייייייייייייייייייייייייייי	1	
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tive date, if other than the date of filing Tective date is listed, the date must be specific and	s:	date of filing or m	ore than 90 day	(option s	al) no i Pursuant to 605 (
If the date inserted in this block does not n	neet the applicab	le statutory filin	g requirement	s, this da	ate will not be listed
nent's effective date on the Department of S	tate's records.				
rd specifies a delayed effective date, but not	an effective time	e at 12:01 a m	on the earlier	of- (h)	The Ofth day ofter
iled.		0, at 12.01 L.III.	on the carrier	01. (6)	The Jour day after
May 27	2020				
l ————————————————————————————————————	·	. •).
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	nember or authoriz	zed representative	of a member		
Signature of a r	member of addition	out representative	or a member		

Filing Fee: \$25.00